strengthened. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes. Presently, more than 950 million population in 547 districts/reporting units has been covered under the revised strategy. The Project districts have reported cure rate of more than 85% which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully cured as against below 4 in the earlier Programme. To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme. It is envisaged to cover the entire country under the Revised Strategy during the current year (2005).

Mashelkar Committee on Spurious Drugs

1956. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed the extant laws relating to manufacture and sale of spurious and sub-standard drugs, which cause grievous hurt or even death;

(b) if so, the results thereof and the steps taken/being taken to check the menace and make the manufacture and sale of such drugs unprofitable; and

(c) the details of follow-up steps taken on the recommendation of the R.A. Mashelkar Committee which had *inter-alia* suggested penalties for various such offence under the Drugs and Cosmetic Act?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) and (c) Under the provisions of Drugs and Cosmetics Act and Rules thereunder, it is the responsibility of State Governments through their respective Drug Control organizations to regulate manufacture and sale of drugs as well as to keep a surveillance over possible movement of spurious/ counterfeit drugs.

Manufacture and sale of spurious/counterfeit drugs is primarily a clandestine activity. To this extent, it is difficult to detect the manufacture

or movement of spurious drugs. Any effective action against this activity would require continuous surveillance by the regulators and active cooperation from the law and order Enforcement machinery in the State.

Trading in counterfeit product including drugs is reported world over. However, keeping in view the serious implications of spurious drugs on public health as well as the loss to genuine industry, the Government has taken various measures to combat this menace.

Steps taken by the Government to check the menace of spurious drugs

(i) The Drugs and Cosmetics Act, 1940, was amended in 1982 to incorporate definition of spurious drugs under section 17B besides prescribing severe penalties under section 27 of the Act as mentioned below:—

(a) Manufacture and sale of spurious drugs are punishable for imprisonment of a term which shall not be less than five years but which may extend to a term of life and with fine which shall not be less than Rs. 10,000/- if such drug is likely to cause death or is likely to cause such harm as would amount to grievous hurt within the meaning of section 320 of I.P.C.

(b) Any drug deemed to be spurious but not a drug likely to cause death of grievous hurt is punishable with an imprisonment for a term which shall not be less than three years but which may extend to five years and with fine which shall not be less than Rs. 5000/-.

(ii) Detailed guidelines have been issued to the State Governments to undertake focused surveillance over possible movement of spurious drugs.

(iii) A capacity Building Project through Word Bank Assistance has been taken up to provide substantial assistance to State Governments to upgrade drug testing facilities or to establish new drug testing laboratories.

It is expected to increase the number of samples tested in the country from about 36,000 samples to 1,00,000 samples per year and to reduce the reporting time to less than a month as against the present period from 3 to 6 months.

(iv) Specific training programme for regulatory officials of State Governments on logistics of intelligence work, prosecutions etc. has been conducted

with.the assistance of FDA, Maharashtra. This activity is proposed to be continued.

(v) In order to ensure efficient information exchange between drug regulatory officers in the country, in respect of licensing, sampling, prosecution, etc., a countrywide computer networking project has been undertaken by the Central Government. This will enable the Central Government to regularly monitor the enforcement activities and recommend corrective measures.

(vi) Pharma industry and trade has been motivated to fight menace of spurious drugs as a shared responsibility. Number of cases could be successfully detected through the initiative taken by Pharma industry involving hiring of retired intelligence officers.

(vii) As per the recommendations of Mashelkar Committee, which was constituted by the Government in 2003, to examine all aspects relating to the drug regulatory system in the country including the problem of spurious/ sub standard drugs, a Bill was introduced in the Lok Sabha in December, 2003, to amend the said Act to provide stricter penalties to the offenders including a maximum penalty of capital punishment. It was further recommended to make the offences non-bailable and cognizable and to provide for designated courts for speedy trial of cases.

The Cabinet accorded approval for the introduction of Drugs and Cosmetics (Amendment) Bill, 2005, in the Parliament subject to certain modifications. The Bill is likely to be introduced in the present Budget Session of Parliament.

The proposed amendments will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigation to book the culprits and in controlling anti-social elements in such activities.

Hope scheme for rural areas

1957. SHRI K. RAMA MOHANA RAO:
SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that to improve the health conditions of the